

03500.014286.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Alavi, Ali
HIDEAKI MITSUTAKE ET AL.)	
	:	Group Art Unit: 2875
Application No.: 09/512,359)	
	:	
Filed: February 24, 2000)	
	:	
For: ELECTRON BEAM APPARATUS)	
	:	September 23, 2003
Mail Stop		
Commissioner for Patents		
P.O. Box 1450		
Alexandria, VA 22313-1450		

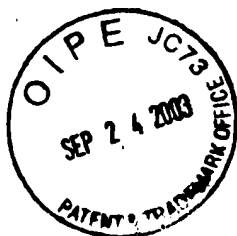
PRELIMINARY AMENDMENT

Sir:

A Request for Continued Examination having been filed on June 24, 2003, with a request for a three month suspension of action under 37 C.F.R. §1.103(c), preliminary to continued examination, please amend the above-identified application as follows.

The claims are listed beginning at page 2. The Remarks begin at page 11.

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2875

In re Application of:

Docket No. 03500.014286.

HIDEAKI MITSUTAKE ET AL.

Application No.: 09/512,359

Examiner: Alavi, Ali

Filed: February 24, 2000

Group Art Unit: 2875

For: ELECTRON BEAM APPARATUS

Date: September 23, 2003

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir: -

Transmitted herewith is a preliminary amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 40	MINUS	** 81	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 5	MINUS	*** 5	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

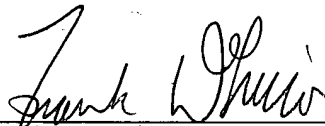
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. _____

42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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